New Hampshire Wing Civil Air Patrol Fund Raising Project Application

	DATE:
UNIT NAME:	CHARTER # <u>:</u>
MAILING ADDRESS:	
PROJECT TITLE:	
PROJECT DESCRIPTION:	
PROJECT LOCATION:	
PROJECT DATE(S):	
PROJECT OFFICER:	PHONE#:
ESTIMATED PROFIT \$	_ADMISSION/PURCHASE PRICE \$
INTENDED USE OF PROFITS:	
I certify that none of the funds to be rapurchases will be made unless sufficie	nt capital has been pledged to underwrite all the not compete with private business or industry. AP Regulations and Wing policy.
SQUADRON COMMANDER'S SIG	NATURE DATE
 Request for fundraising HAS / HA Suspense date for final report to be 	S NOT been approved (circle one) at wing 30 days following fundraising activity
SIGNATURE WING COMMANDER	OR DESIGNEE DATE